

EMERGENCY RELIEF TRACKING APPLICATION (ERTA) PASSWORD ID REGISTRATION

INSTRUCTIONS: Location Security Administrator must complete Part I and forward the original copy to the ERTA Security Administrative Officer (ESAO) at Information Technology Division (ITD). The ESAO completes and signs Part II, returns the original copy to the District Administrator and keeps a copy at ITD.

PART I - Completed by Location Security Administrator.

LSA/Coord.: _____

Address: _____

District/Site: _____

Phone: _____

☐ **New** ☐ **Move/Transfer** ☐ **Delete**

Last Name _____ First Name _____

Phone Number _____ Employee Number _____

☐ **New** ☐ **Move/Transfer** ☐ **Delete**

Last Name _____ First Name _____

Phone Number _____ Employee Number _____

☐ **New** ☐ **Move/Transfer** ☐ **Delete**

Last Name _____ First Name _____

Phone Number _____ Employee Number _____

☐ **New** ☐ **Move/Transfer** ☐ **Delete**

Last Name _____ First Name _____

Phone Number _____ Employee Number _____

PART II - Completed by ERTA Security Administrative Officer

Date Received: _____

☐ Your request for passwords has been denied for the following reason:

☐ Your request has been approved.**Signature:** _____
Location Security Administrator**Date:** _____**Signature:** _____
ERTA Security Administrative Officer**Date:** _____